

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016245

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 187

STATE FILE NUMBER

FILED MAY 14 1962

## 1. PLACE OF DEATH

## a. COUNTY

Pettis

## b. CITY (If outside corporate limits, give TOWNSHIP only)

Sedalia

## Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Mo.

## b. COUNTY

Pettis

c. CITY  
OR  
TOWN

Sedalia

## Inside Limits

Yes ☒ No ☐

## c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

423 N. Osage St.

## Inside Limits

Yes ☒ No ☐

## d. STREET ADDRESS (If outside, give location)

423 N. Osage St.

## Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

## First

## Middle

## Last

Mattie

Adams

4. DATE  
OF  
DEATH

## Month

## Day

## Year

5

3

62

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/22/1895

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Pilot Grove Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Betty Brown, Lincoln Neb.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

Sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Coronary sclerosis

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

## Hour

a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

VIEWED

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

3:30 P.M.

as Coroner

and last saw him alive on

## 22a. SIGNATURE

## (Degree or title)

Otha Gordon Stauffach, M.D.

## 22b. ADDRESS

Coroner, Pettis Co

## 22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

5/7/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill Annex

## 23d. LOCATION (City, town, or county)

Sedalia Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

ALLEN-SONS FUNERAL HOME

## 25. DATE RECD. BY LOCAL REG.

5-7-62

## 26. REGISTRAR'S SIGNATURE

W. Anderson, Deputy

117 E. JEFFERSON ST

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.